

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007054

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 383

Primary Registration District No. 5655 Registrar's No. 160

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

LAWRENCE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN MT. VERNON

Length of stay in 1b

6 WEEKS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION MO. STATE SANATORIUM

Inside Limits

Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MO.

b. COUNTY

LACLEDE

Inside Limits

Yes ☐ No ☒c. CITY
OR TOWN

LEBANON

d. STREET
ADDRESS(If outside, give location)
ROUTE # 5

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

WILLIAM

Middle

ALLEN

Last

BASCUE

4. DATE
OF DEATH

Month

2

Day

17

Year

62

5. SEX

M

6. COLOR OR RACE

W

7. Married

Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

9-27-06

9. AGE (last birthday)

55

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CARPENTER

10b. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (City and state or country)

KANSAS

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

FRANK BASCUE

13b. MOTHER'S MAIDEN NAME

NOT KNOWN

14. NAME OF HUSBAND OR WIFE

BEulah BASCUE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

MO. STATE SANATORIUM MT. VERNON, MO

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

COR PULMONALE

INTERVAL BETWEEN ONSET AND DEATH

5 DAYS

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

BULLOUS EMPHYSEMA BILATERAL YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

BRONCHOGENIC

CARCINOMA. (RT. LUNG)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes☐ No☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 1. 9. 62 to 2. 16. 62 and last saw him alive on 2. 17. 62

Death occurred at 12. 30 A. m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature]

(Degree or title)

MD.

22b. ADDRESS

MT. VERNON, MO.

22c. DATE SIGNED

2. 16. 62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

2-20-62

23c. NAME OF CEMETERY OR CREMATORY

Stephens Cemetery

23d. LOCATION (City, town, or county)

LACLEDE County

(State)

MO

24. FUNERAL DIRECTOR

ADDRESS

Colonial Home - Lebanon MO

25. DATE RECD. BY LOCAL REG.

2-17-62

26. REGISTRAR'S SIGNATURE

Roy Wayne

(Licensed Embalmer's Statement on Reverse Side)

MAR 13 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Eric M. Abbott

Licensed Embalmer No.

5115

P. O. Address

Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.